03 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 JUN 16 PM 2:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000063309

1. Entity Name

ADAMS & ADAMS, P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	2701 PONCE DE LEON BLVD.
Suite, Apt. #, etc. SUITE #302	Suite, Apt. #, etc.
City & State CORAL GABLES, FL	City & State
Zip 33134 Country USA	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0553328 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name JOHN C. ADAMS, ESQ.

Street Address (P.O. Box Number is Not Acceptable)

2701 PONCE DE LEON BLVD. #302

City CORAL GABLES **FL** Zip Code 33134

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PRES PSTD
NAME	JOHN C. ADAMS, ESQ
STREET ADDRESS	2701 PONCE DE LEON BLVD. #302
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	ST
NAME	SUSAN S. ADAMS, ESQ.
STREET ADDRESS	2701 PONCE DE LEON BLVD. #302
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	
NAME	
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CR2E034B (12/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 6/12/03 305-448-9022

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ADAMS & ADAMS, P.A.

2701 PONCE DE LEON BOULEVARD
SUITE 302
CORAL GABLES, FLORIDA 33134

JOHN C. ADAMS
LL.M. IN TAXATION

SUSAN STRICKROOT ADAMS
LL.M. IN TAXATION

TELEPHONE: (305) 448-9022
FAX: (305) 448-7893
WEBSITE: WWW.ADAMS-ADAMS.COM

May 30, 2003

Florida Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32301

RE: Adams & Adams, P.A.
Uniform Business Report 2003

Dear Sir or Madam:

I am enclosing a check for $150.00 for the 2003 Uniform Business Report for Adams & Adams, P.A.

Thank you.

Yours very truly,

John C. Adams, Esq.

JCA/acg
Enclosures